

PREVALENCE OF OVERACTIVE BLADDER IN FEMALES OF WORKING CLASS

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INTRODUCTION:

Overactive bladder (OAB) has been defined by the International Continence Society(ICS) as a complex of symptoms characterized by urgency, with or without urge incontinence, usually with frequency and nocturia, in the absence of proven infection or other obvious pathology[1].Urodynamically OAB is characterized by involuntary detrusor contraction.OAB has a profound effect on quality of life(QoL).[2, 3, 4, 5]. OAB has a negative impact on economy of a person [4,5,6]. OAB is prevalent in both sexes and is affected by age , obesity , smoking , eating and drinking habits[4,5,6,7,8,9,10]. OAB has been studied much in the recent years. Much emphasis has been laid on the pathophysiology and management of the disease. Despite all that,OAB is usually underdiagnosed and undermanaged^[7-12].According to a population-based study by Milsom *et al* ^[12] in 6 countries. the prevalence of OAB in Europe has been estimated to be 17.4% and 15.6% for women and men respectively, with an overall prevalence of 16.6%. According to the NOBLE study prevalence of OAB was 16.0% in men and 16.9% in women ^[3].In a recent study conducted in Japan overall OAB prevalence was 9.3% .The prevalence of OAB in men and women was 9.7% and 8.9%, respectively. According to some studies OAB has a prevalence as high as 30% to 53% ^[10,14], while one study showed 8% ^[15], and one study showed 2% ^[16]. All these studies had differences and limitations in their methodology. Despite of so much research work on OAB, it has rarely been studied in working class females who are adversely affected by OAB.Our study purpose is to look for the prevalence of OAB in this class.

PATIENTS AND METHODS:

STUDY DESIGN

Between September 2014 and November 2015, a questionnaire was distributed among the female nursing and paramedical students of Shaikh Fatima Institute of Nursing and Health sciences during their lectures. All the participants were briefed about OAB and questions included in the questionnaire. Questionnaire used was a validated one and it contained Seven questions on OAB symptoms(OABSS) and one question regarding patient perception of bladder

condition(PPBD).OABSS part of the questionnaire had 1 question each on daytime frequency and nocturia , 3 questions related to urgency,1 question regarding urge incontinence and 1 question about patient control of bladder. All the questions had a graded response on a five point Likert scale.

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INCLUSION AND EXCLUSION CRITERIA:

All those females who gave an informed consent and were present in their lecture room and on their duty during time of data collection were included in the study. All females included in the study were able to understand questions in the given questionnaire. Those females who were absent during data collection were excluded from the study. Females who had previous history of urinary tract infection in the last month, pelvic organ prolapse, urological surgery, diabetes mellitus, carcinoma of urinary bladder or diagnosed neurogenic bladder were excluded from the study. Apart from that those who did not filled the questionnaire properly were also excluded from the study

DEFINITIONS:

Each question present in the study was related to a specific symptom of OAB. Each symptom was defined according to current ICS definition

Frequency

Answer >1 for the question no 1 of the OABSS or more than 6 urinations per day

Nocturia

Answer > 1 to question no 2 or more than 1 urination during sleep at night.

Urgency

Answer >1 to any one of question no 3,4 or 5

Urge incontinence

Answer >1 to question no 6

Overactive bladder

Cumulative score of >9 alongwith answer>1 to any of question no 3,4 or 5

Statistical analysis

Collected data was analyzed by using SPSS software

RESULTS:

350 questionnaires were distributed among the participants of the study but only 332 questionnaires were returned that was 92%.only 311 Of these patients filled the questionnaire properly so the statistics of the study were calculated among these participants and remaining 39 were excluded from the study. All the participants were females of 15 years to 50 years.48.3% of these 311 females had OAB and it was more prevelant in middle aged premenopausal women as shown in the table.

Age (years)	Total females	OAB%
15 - 25	62	41.9%
25 - 35	101	48.5%
35 - 45	92	56.5%
45 - 55	56	41%
total	311	48.3%

DISCUSSION:

In our study, we assessed the prevalence of OAB in females of working class and of reproductive age. Our study showed the prevalence of OAB double than documented in most of the previous studies ^[3,12,17]. This difference in prevalence may be attributed to difference in method of data collection and choice of study population. In contrast to previous studies we used a 7 item questionnaire and our study population was different from the previous studies as our participants were females and were of working class. In previous studies, data was collected by indirect methods either via postal services or telephonic conversation by a un qualified staff that may have impact on understanding and explanation of the given questions. In our study questionnaire was directly distributed to the participants and each question was explained by the urology trainee to the study population in detail.

Our method of data collection was similar to a study conducted at primary health care level in England. In this study data was collected by primary care physicians by giving and explaining the questionnaire to the participants. Our results closely resembles to this study OAB was even more prevalent in females than in our study^[17]. In some other population based studies the results were almost same as in our study despite of difference in methodology^[10,14]

CONCLUSION:

As is evident in our study and many other studies that OAB is usually underestimated and further research work is needed to estimate the real burden of the disease.



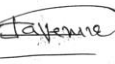

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SO LONG AS FORTUNE IS FAVOURING YOU, YOUR DEFECTS WILL REMAIN COVERED.

ONLY HE WHO HAS THE POWER TO PUNISH CAN PARDON.

Hazrat Ali (Karmulha Wajhay)